MS Application Checklist for Presumptive <u>Disability</u>

MS Application registered within 24 hours of receipt. On APMA, enter Y in the 'Presumptive Disability' field to indicate PD for Medical.
Request verification (remember citizenship and identity)
Meets general eligibility requirements of act in own behalf (KEESM 2100), cooperation (KEESM 2120), SSN requirements(KEESM 2130), citizenship and alienage(KEESM 2140), verification of citizenship(KEESM 2145), verification of identity [KEESM 1322.5(b)], residency(KEESM 2150), fugitive felons, probation and parole violators(KEESM 2182), and financial eligibility requirements.
PMDD process explained to the consumer. ✓ ES-3902 (PMDD brochure) given to consumer and program explained ✓ IM-3110 or IM-3110.2 (Interim Assistance Reimbursement Form) signed. Make 3 copies. Original sent to SSA district office within 10 days of receiving signed form. Copy for consumer, Central Office and file (KEESM 2316). ✓ ES-3904 (Release of Information Form) signed. Consumer needs to sign 4 forms. Mail 3 to PMDT and retain 1 in file. ✓ Telephone Consultation scheduled with PMDT and consumer notified of the date and time to contact PMDT. PMDT telephone number is 1-888-547-2763. ✓ ES-3903 (Telephone Consultation Guide) given to consumer and explained. ✓ ES-3901 (PMDD Referral Form) completed. Fax/mail to PMDT, copy for file. ✓ SSA Disability Requirement explained to consumer and referred to SSA Office to apply for disability benefits (KEESM 2315).
ES-3701, ES-3904 mailed or faxed to PMDT. PMDT fax number is 785/296-1723 or 785/296-3482.
Referrals sent for appropriate program if applicable. Nursing Facility (MS-2126 & Request Level of Care), Home and Community Based Services (ES-3160), Program of All-Inclusive Care (ES-3166, and Working Healthy (ES-3160).
Verified consumer has applied for Social Security Disability Benefits (SSDI/SSI) through TPQY, Social Security contact, or consumer verification (KEESM 2315).
Required program specific paperwork received. (MS-2126, Level of Care, ES-3160, ES-3166)
ES-3906 received from PMDT.

If approved for Presumptive Disability-Tier 1 Disability Level

- ✓ If prior medical requested, coincide benefit proration date with PMD disability onset date.
- ✓ Code PRDD screen for approval. Remember to match the MS Program subtypes (AC, HC, WH) with the appropriate PMDD type.
- ✓ Send Presumptive Medicaid approval notice.

If denied for Presumptive Disability

- ✓ Deny the Presumptive Medicaid application.
- ✓ Continue to pend MS if SSA disability process is current and consumer is cooperating with the process.
- ✓ Send Presumptive Medicaid denial notice.